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CONFIRMATION NO. 7579

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/865,327 05/25/2001 PAT 6,651,663  
 which is a CIP of 09/310,548 05/12/1999 PAT 6,412,488

*verified AMR*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none AMR*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AMR</i>	Initials		

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## TITLE

Nasal mask and system using same

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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